

Request and Release For Records From the Alaska Department of Labor

1. I, _____,
(Please print your name)

Social Security Number, _____,

Business Name(s)(If applicable): _____

do hereby authorize the Alaska Department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information, as described hereon, from my confidential records, maintained by the Employment Security Division, to:

_____,
(Please print your name or other person's name if you are releasing to a third party.)
whose address, telephone number and fax number is:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____

Fax: (_____) _____

2. Records/information to release:

☐ Earnings information for the following years:

☐ Other:

3. Authorization: (Please sign your name below to release documents and information to recipient noted above.)

(Your Signature)

(Date)

This authorization expires in 6 months.

Please return the original signed copy of this form to:

Alaska Employment Security Division

PO BOX 25509

Juneau, AK 99802-5509

ATTN: UI Support Unit

You may FAX a copy now to the UI Support Unit at: (907) 465-2741